

ADAPTIVE SPORTS ANNUAL REGISTRATION FORM *2015*

Season Totals	For Official Use Only
Winter/Spring _____	Check # _____
Summer _____	Amount _____
Fall _____	By _____
Yearly Total _____	

Waiver: As a participant, or parent or guardian of a participant, permission is granted to participate in the Mesa Parks and Recreation program listed below. Participants understand and agree that they may be photographed and/or videotaped for the promotion of City of Mesa programs. I understand that there are risks of physical injury to the participant(s). considering all possible risks, on behalf of the participant(s) and myself, I voluntarily waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of the City of Mesa or its employees, supervisors, appointed officials, agents representatives and volunteers.

Parent /Guardian signature required



Parent/Guardian Signature _____

Athlete Information

Are you new to Mesa Adaptive Sports programs? ☐ Yes ☐ No

If returning, has any contact information changed? ☐ Yes ☐ No

Full Name _____ Age _____ Date of Birth _____

Address _____ City, State, Zip _____

Home _____ Cell/Work Phone _____ Email _____

Would you like to be on an MASD email distribution list? ☐ Yes ☐ No ☐ Already on

Do you plan on competing this season? ☐ Yes ☐ No Gender (Circle One): Female Male

Name of school and / or work _____

Ethnic Origin (Optional) _____

Primary Language _____

T-Shirt Size (Circle One) youth: L adult: S M L XL XXL

Medical Diagnosis _____

Has athlete had an Atlantoaxial Dislocation X-Ray? ☐ Yes ☐ No

Medications (list) _____

Does the athlete have a history of seizures? ☐ Yes ☐ No

Special Needs/Allergies _____

Parent/Emergency Contact

Full Name _____ Relationship to Athlete _____

Email _____ Primary Phone _____

You only need to register one time a year, as this registration form is good until 12/31/15

Please update emergency, medical or contact information as needed

Please complete pages 1 and 2 and include payment with your registration

Athlete Name: _____

This form must be turned in with Registration Form and payment

Summer Season 2015

- | | | |
|--|--|---|
| <input type="checkbox"/> Adaptive Aquatics
Juniors
Ages 6-15
9:00am | <input type="checkbox"/> Adaptive Golf

<input type="checkbox"/> Adaptive Bocce
Ball | <input type="checkbox"/> West Adaptive
Recreational Bowling
Mesa AMF
12784
\$44 Res
\$52 Non Res |
| <input type="checkbox"/> Adaptive Aquatics
Seniors
Ages 16-21
10:00am | Adaptive Recreational
Bowling
East-East Mesa Bowl
3:30pm
\$44 Res/52 Non Res | <input type="checkbox"/> Adaptive Unified
Bowling
12785
\$44 Res
\$52 Non Res |
| <input type="checkbox"/> Adaptive Aquatics--
Adults
Ages 22 and older
11:00am | <input type="checkbox"/> Adaptive
Recreational Bowling
East-East Mesa Bowl
6:00pm
\$44 Res
\$52 Non Res | |

Per Sport/Athlete

\$22 resident/
\$26 non resident
Per Sport/Per Season/
Per session
Excludes Adult Bowling

Bowling --Per session
\$44 resident/
\$52 Non Resident

Fall Season 2015

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adult Basketball | <input type="checkbox"/> Adaptive Junior
Bowling | <input type="checkbox"/> Adaptive Floor
Hockey
11826 | <input type="checkbox"/> Adaptive Soccer
Adult 16+ |
| <input type="checkbox"/> Junior Basketball | <input type="checkbox"/> Adaptive
Cheerleading | | <input type="checkbox"/> Adaptive Junior
Soccer
Ages 6-15 |
| <input type="checkbox"/> Adaptive Unified
Basketball | | | |

Per Season/Athlete

\$22 resident/
\$26 non resident
Per Sport/Per Season/
Per session